

Applicant, please indicate in which city/school/troop you wish to volunteer:



# Girl Scouts Heart of Michigan

## Confidential Reference Form for Adults Working with Girls

The individual listed below has applied for a volunteer position with Girl Scouts Heart of Michigan and has provided your name as a reference. We cannot place a volunteer until we receive references. We appreciate your willingness to provide one. Please complete the form below and return it to the address checked at the bottom of the page. If you have any further information you would like to share, feel free to add comments. Thank you.

Applicant's Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

In what capacity have you seen this person in a situation where she/he has related to children?

\_\_\_\_\_  
\_\_\_\_\_

*Please rate the applicant on the following, based on a scale of:*

*A = Always                      S = Sometimes                      N = Never                      U = Unsure*

\_\_\_\_ Tolerant                      \_\_\_\_ Flexible                      \_\_\_\_ Honest                      \_\_\_\_ Positive

\_\_\_\_ Dependable                      \_\_\_\_ Expresses ideas clearly and concisely

\_\_\_\_ Understands and embraces differences in people

Would you recommend the candidate to be in a situation where this adult was leading a group of girls in a Girl Scout activity? Why or why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please continue on back

Signature of reference: \_\_\_\_\_

Ypsi/Ann Arbor Regional Center

444 James L. Hart Parkway

Ypsilanti, MI 481

Fax: 734-714-3037

Kalamazoo Regional Center

601 W Maple Rd

Kalamazoo, MI 49008

Fax: 269-492-1439

Calhoun County Regional Center

18935 15 1/2 Mile Rd

Marshall, MI 490

Fax: 269-781-8726

Lansing Regional Center

1223 Turner Street

Lansing, MI 48906

Fax: 517-699-9405

Jackson Regional Center

4403 Francis St

Jackson, MI 49203

Fax: 517-784-9553

Saginaw Regional Center

5470 Davis Rd

Saginaw, MI 48604

Fax: 989-799-1450